



**STATE OF WASHINGTON  
DEPARTMENT OF SOCIAL AND HEALTH SERVICES**

**Aging and Disability Services**

**Aging and Long-Term Support Administration**

PO Box 45600, Olympia, WA 98504-5050

July 29, 2013

**CERTIFIED MAIL 7007 1490 0003 4202 0979**

Elena Nutu  
Lilis Family Care  
12822 118<sup>th</sup> Avenue Court East  
Puyallup WA 98373

Adult Family Home License #629000

**IMPOSITION OF CIVIL FINE, ADDITIONAL  
IMPOSITION OF CONDITIONS ON A LICENSE, AND  
CONTINUED STOP PLACEMENT ORDER PROHIBITING ADMISSIONS**

Dear Ms. Nutu:

This letter constitutes formal notice of the imposition of a civil fine, the imposition of additional conditions on the license, and the continued stop placement order prohibiting admissions for your adult family home, located at **12822 118<sup>th</sup> Avenue Court East, Puyallup, Washington**, by the State of Washington, Department of Social and Health Services, pursuant to the Revised Code of Washington (RCW) 70.128.160 and Washington Administrative Code 388-76-10940.

The civil fine and additional conditions on the license are based on the following violations of the RCW and/or WAC found by the department in your adult family home. These and other deficiencies are more fully described in the attached Statement of Deficiencies report completed by the department on **July 16, 2013**.

**WAC 388-76-10430(1)(2)(c-d)**

**\$2,000.00**

**The Licensee failed to ensure a resident received oral medications as ordered, failed to document the resident's blood sugars, failed to follow the medical practitioner's orders for checking blood sugars, failed to give insulin as ordered by the medical practitioner and failed to keep medication logs current and up-to-date.**

The conditions on your license, imposed in a notice dated March 26, 2013 are still in effect. Additionally, the department has determined that the following conditions shall be placed on your adult family home license:

- *Licensee will not admit or retain any residents with medical diagnoses that require insulin.*
- *The licensee must post this Notice of Conditions with the license in a visible location in a common use area.*

The effective date of the additional conditions on your license is **July 29, 2103**. As provided in RCW 70.128.160(5), WAC 388-76-10990 (6), the effective date of the conditions on your license will not be postponed pending an administrative hearing or informal dispute resolution review.

The stop placement order prohibiting admissions imposed on your facility on July 23, 2013, remains in effect. The stop placement applies to all new admissions, re-admissions, and transfer of residents.

During the stop placement, you may not admit any new resident to your adult family home. In addition, you may not allow any resident who was absent from the home due to a temporary non-out-patient stay (not including out-patient treatment) at a hospital, nursing home, or other treatment center to return during the stop placement unless you obtain advance approval from the department. You may request such approval by contacting Dina Longen-Grimes at (253)983-3837.

Because it is not possible to reach the Field Manager on a weekend or holiday, any pre-approval requests should be made as soon as possible during the business week. Such exceptions are made at the sole discretion of the department on a case-by-case basis. The department may impose sanctions or take other legal action if you fail to comply with the stop placement of admissions.

You may contest the conditions on your license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written request for a hearing within twenty-eight (28) calendar days following your receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

### **Plan of Correction/Attestation**

You Must:

Return the plan, on the enclosed report, within 10 calendar days after you receive this letter.

Include the following in your plan for each deficiency:

- The date you have or will correct each deficiency; and
- Provide a signature and date certifying that you have or will take corrective measures to correct each cited deficiency.

Send your plan to:

Dina Longen-Grimes, Field Manager  
District 3, Unit B  
P.O. Box 45819  
MS: N27-24  
Olympia WA 98504-5819  
(253) 983-3837/ Fax: (253) 589-7240

If no hearing is requested, the fine is due twenty-eight (28) calendar days after receipt of this notice. Please remit a check for **\$2,000.00** payable to the Department of Social and Health Services. The check should be sent to:

DSHS Office of Financial Recovery  
PO Box 9501  
Olympia, Washington 98507-9501

If payment has not been received within twenty-eight (28) days after receipt of this notice, interest will begin to accrue on the balance at the rate of one percent per month. If you do not submit a hearing request or make payment within twenty-eight (28) days, the balance due the department will be recovered.

As provided in RCW 70.128, you may request an informal dispute resolution review of enforcement actions initiated in response to a Statement of Deficiencies report. During the informal dispute resolution process you also have the right to present written evidence refuting this action. A request for informal dispute resolution review will not change the deadline for you to request an administrative hearing. Informal dispute resolution review by the department is not binding in an administrative hearing.

To request an informal dispute resolution review, send your written request to:

Informal Dispute Resolution Program Manager  
Residential Care Services  
PO Box 45600  
Olympia, Washington 98504-5600  
Fax 360-725-3225

The written request should:

- Identify the citation and/or enforcement action that is disputed;
- Explain why the home is disputing the action;
- Indicate the type of dispute resolution process you prefer (direct meeting, telephone conference or documentation review); and
- Be sent within 10 working days of your receipt of this notice.

You may contest the civil fine and the conditions on your license by requesting an administrative hearing. The Office of Administrative Hearings must receive your written

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request for a hearing within twenty-eight (28) calendar days following receipt of this letter. A copy of this letter and a copy of the enclosed Statement of Deficiencies must be included with your request. Send your request to:

Office of Administrative Hearings  
PO Box 42489  
Olympia, Washington 98504-2489

If you have any questions, please contact Dina Longen-Grimes at (253)983-3837.

Sincerely,

Lori Melchiori, Ph.D.  
Assistant Director  
Residential Care Services

Enclosure

cc: Bett Schlemmer, Compliance Specialist  
Field Manager, District 3, Unit B  
RCS District Administrator, District 3  
HCS Regional Administrator, Region 3  
DDD Regional Administrator, Region 3  
WA LTC Ombudsman  
Area Agency on Aging, AAA-Pierce  
Office of Financial Recovery, Vendor Program Unit  
Medicaid Fraud Control Unit  
Judi Plesha, HCS  
BAM